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APPLICANTS

Gholam-Reza Zadno-Azizi, Newark, CA;

Celso J. Bagaoisan, Union City, CA;

Mukund R. Patel, San Jose, CA; Ketan P. Muni, San Jose, CA;

** CONTINUING DATA *****

OK This application is a CON of 09/026,106 02/19/1998 PAT 6,312,407
 which is a CIP of 08/650,464 05/20/1996 ABN
 which is a CIP of 08/464,579 06/05/1995 PAT 5,833,650 # OK - see PAM
 (*) Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 10/02/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2 -6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials _____				

ADDRESS

28390
 MEDTRONIC VASCULAR, INC.
 IP LEGAL DEPARTMENT
 3576 UNOCAL PLACE
 SANTA ROSA, CA
 95403

TITLE

Occlusion of a vessel

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